OMB No. 0651-0011 (12/31/86

•	ATTORNEY'S DOCKET NO USF-T127			
SERIAL NO 09/593.629	FILING DATE June 13, 2000	EXAMINER Q Janice Li	GROUP ART UNIT 1632	1/2
INVENTION Sertoli Cells as Bio	ochambers	MAR 0 4 2003		
O THE COMMISS	IONER OF PATENTS AND TI	RADEMARKS: PRADEMARKS		4. E.J.

Transmitted herewith is an amendment in the above-identified application.

- Small entity status of this application under 37 CFR 1.27 has been established.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- □ No additional fee is required.
- The fee has been calculated as shown below:
  - (1)

- (2)
- (3)

## SMALL ENTITY

## OTHER THAN A SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		
TOTAL	· 32	MINUS	** 31	1		
INDEP.	* 6	MINUS	*** 7	0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						

RATE	ADDIT. FEE		
\$ 9	\$	9.00	
\$42	\$	0.00	
\$140	\$	0.00	
Total addit fee	\$	9.00	

RATE ADDIT. FEE

\$18 \$0.00

\$84 \$0.00

\$0.00

\$0.00

\$280

Total addit

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

\*\* If the Highest No. Previously Paid For IN THIS SPACE is less than 20, enter "20"

\*\*\* If the Highest No. Previously Paid For IN THIS SPACE is less than 3, enter "3."

The Highest No. Previously Paid For (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

- Please charge my Deposit Account No. 19-0065 in the amount of \$<u>9.00</u>. A duplicate copy of this sheet is enclosed.
- A check in the amount of S enclosed.

to cover the filing fee is

OR

OR

- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0065. A duplicate copy of this sheet is enclosed.
  - Any additional filing fees required under 37 CFR 1.16.
  - Any patent application processing fees under 37 CFR 1.17.

February 24, 2003

(also form PTO-1083)

ditte

signature.

N. Zhanare

Form PTO-FB-A520 (8-83)

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